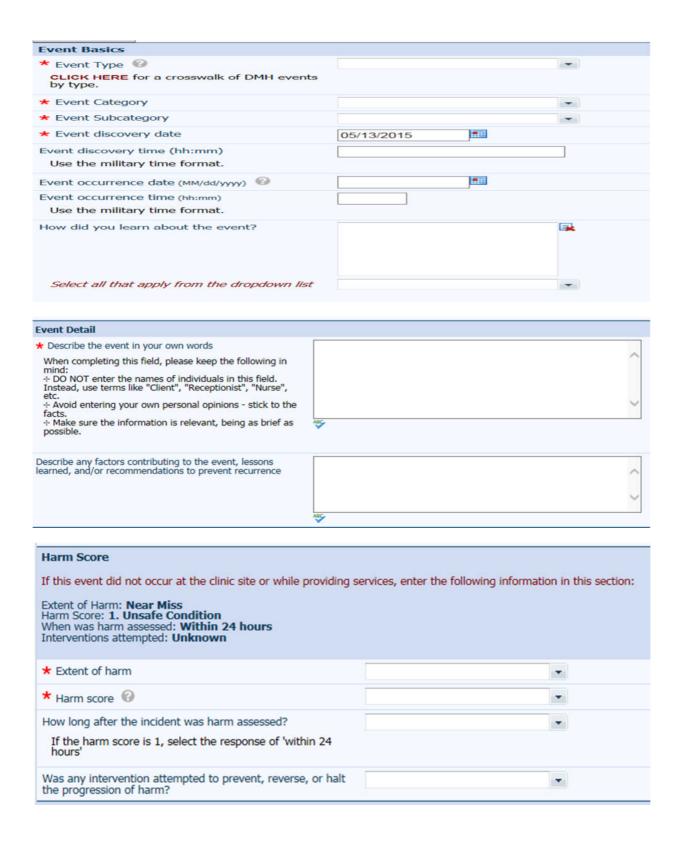
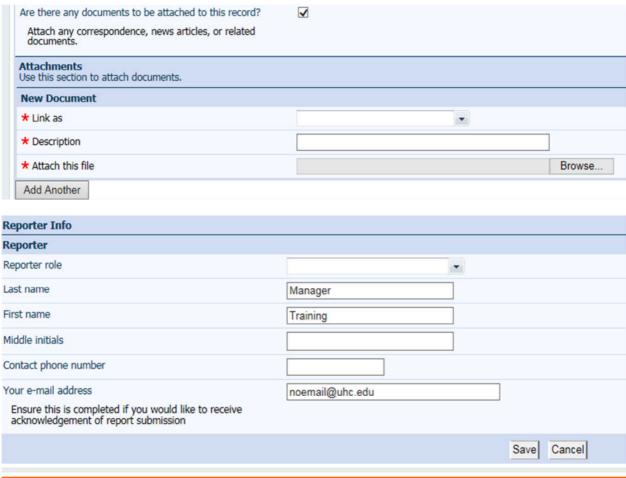
Note that this includes basic fields without dropdowns for training purposes and should not be submitted as an event report.

| My Dashboard   Contacts   Admin   Logout    Events •  |  |           |              |
|---|--|-----------|--------------|
| UHC Safety Intelligence: Event Report Los Angeles County Department of Mental Health (DMH)  |  |           |              |
| To protect the confidentiality and non-discoverability of the event, do not print, reference or include the report, e-mail acknowledgement or communications with clinical risk management in the client record.  |  |           |              |
| Welcome to the UHC Safety Intelligence Front Line Reporter Form.  |  |           |              |
| - A ★ indicates a mandatory field.  |  |           |              |
| - Click the icon for help with a particular field.  |  |           |              |
| - Click the    button to view and select from the list of available options for that field.  - Click the button to remove values from a field.  |  |           |              |
| Prior to submitting an event CLICK HERE to see the types of events to be reported using this form. If the event is not listed, it is not reportable through SI.   |  |           |              |
| CLICK HERE for a list of other DMH reporting units if a DMH program. You may also contact the numbers listed below for further information.  If you have any questions or require assistance with completing this form please contact your on-site administrator. Call 213-351-6633, 213-637-4588, or 213-639-6326. |  |           |              |
|   |  |           |              |
|   |  |           |              |
| + Add a new event  ■ My reports  Event Location Use this section to detail the reporting location   |  |           |              |
| Design a report New search  | ★ Reporting Site (Service Area or CW-Countywide)               |           | •            |
| ■ Saved queries   | * Reporting Location / Service Name<br>Number / Provider Name) | (Provider | •            |
|   |  |           |              |
| Start   |  |           |              |
| Who was affected by the event?  |  | Client    |              |
| Date of initial intake  |  |           | <b>=</b>     |
| ★ Is the client currently prescribed psychotropic medications?  |  | Yes       | •            |
| Enter name of prescribing MD or furnishing NP   |  |           | ^            |
|   |  |           |              |
|   |  |           | ~            |
| Enter the name(s), dosage(s) and frequency of the medication(s)   |  | ABC       |              |
| The current med list can be copied from OrderConnect or IBHIS and pasted here.  |  |           | ^            |
|   |  |           | ~            |
|   |  | ABC       |              |
| DSM Diagnoses ②   |  |           |              |
| Enter code and a brief description  |  |           | ^            |
| CLICK HERE to see a list of DSM Diagnosis Codes   |  |           | ~            |
| People affected by the event  |  |           |              |
|   |  |           |              |
| * Type  * IS Number   |  | Client    |              |
| Type UNKNOWN if IS Number is not known  |  |           | Search       |
| ★ Cient Last Name   |  |           |              |
| ★ Client First Name   |  |           |              |
| Client Middle Initials  |  |           |              |
| Client Date of Birth (MM/dd/yyyy)   |  | <u>*</u>  |              |
| Client Age  |  |           |              |
| ★ Client Gender   |  |           | ( <b>*</b>   |
| Client Race / Ethnicity   |  |           | ( <b>v</b> ) |
| Add Another   |  |           |              |







To protect the confidentiality and non-discoverability of the event, do not print, reference or include the report, e-mail acknowledgement or co